



CICP
Stakeholder Forum
4.24.2014


PEAK Training



Website Overview

| | | | |
|--------------------------------|----------------|--------------------|-------------------|
| Colorado PEAK Get Started → | Am I Eligible? | Apply for Benefits | Manage My Account |
|--------------------------------|----------------|--------------------|-------------------|

This is a TEST environment. To file a real application, visit <http://coloradopeak.force.com> En Español ?



Sign in if you have an account

Sign In


Don't have an account?

Create Account

Welcome to PEAK

The fast and easy way to access benefit information - anytime and anywhere. PEAK is an online service for Coloradans to screen and apply for medical, food, and cash assistance programs.

Provider Entry Quick Links Learn More Resources



State of Colorado
[Colorado.gov](#) | [Colorado Dept. of Human Services](#) | [Colorado Dept. of Health Care Policy and Financing](#) | [Accessibility](#) | [Privacy Policy](#) | [Contact Us](#) | [Services by County](#)

Account Creation

Exit

Print

?

Welcome to PEAK

Setting Up Your Account

Items with a star (*) next to them must be filled in before you can go on.

Information About You

Please fill in your name below as it appears on your Social Security Card if you have one.

| | |
|------------------------|-------------------------------|
| *Legal First Name | Middle Name |
| <input type="text"/> | <input type="text"/> |
| *Legal Last Name | *Date of Birth Ex: mm/dd/yyyy |
| <input type="text"/> | <input type="text"/> |
| Social Security Number | |
| <input type="text"/> | |

User Name and Password

Please provide a valid email address for your user name. We will use this email address if you ever forget your password and need to change it. This must be 5 to 40 letters and/or numbers.

*User Name (Email Address)

Passwords must be between 8 to 24 characters. Passwords must contain at least 3 of the 4 items below:

- 1) One uppercase letter
- 2) One lowercase letter
- 3) One number
- 4) One special character - special characters include items such as: #/'-() @ and _.

*Password


*Please re-type your Password

Create Account

Apply for Benefits

[Colorado PEAK
Get Started](#) → [Am I Eligible?](#) **[Apply for Benefits](#)** [Manage My Account](#)

This is a TEST environment. To file a real application, visit <http://coloradopeak.force> [Click to apply online for benefits.](#) [?](#)



Sign in if you have an account

Sign In


Don't have an account?

Create Account

Welcome to PEAK


The fast and easy way to access benefit information - anytime and anywhere. PEAK is an online service for Coloradans to screen and apply for medical, food, and cash assistance programs.

[Provider Entry](#) [Quick Links](#) [Learn More](#) [Resources](#)



State of Colorado
[Colorado.gov](#) | [Colorado Dept. of Human Services](#) | [Colorado Dept. of Health Care Policy and Financing](#) | [Accessibility](#) | [Privacy Policy](#) | [Contact Us](#) | [Services by County](#) |

Application Options



Welcome to PEAK

Apply For Benefits

Welcome! For most people, it will take 30 to 60 minutes to fill out an application. Make sure you have all the information you will need by clicking here, ["Before You Begin"](#).

Then, please choose from the options below to apply. You can:

- ☐ Start a new application and create an account so you can save the application as you go and track it after you submit.
- ☐ Edit or finish an application that you already started and saved through your PEAK account.
- ☐ Apply as a guest without creating an account and without giving an email address. If you apply as a guest, you need to complete the whole application at once. You cannot save it and return to it later.

Use the grey "Next" and "Back" buttons in the bottom right corner of each page to move through the application. Do not use the arrow and "Stop" buttons on your web browser.

Next

Expedited Application Procedure



Apply For Benefits

Apply for Benefits Overview

Help With Using a Computer

If you would like to practice before you get started, [click here](#)

Before You Begin

Before you get started on your application, there are a few things you should know:

- Are you already receiving food, cash, or medical assistance? If so, you have two options to continue to request medical assistance:
 1. Exit this application and click on the "Manage My Account" tab to login to your PEAK account (NOTE: You must be the head of household or have the head of household's login information to access your account). Once you login to your PEAK account you will be able to:
 - **Check** your existing benefits by clicking on the "Check My Benefits" tab.
 - **Report** changes to your account by clicking on "Report My Changes" tab.
 - **Request** Medical Assistance by clicking on "Report My Changes" tab. You will need to answer a few more questions to help us determine if you qualify for Medical Assistance and may receive an answer today.
 2. Or, complete the application you are working on now and submit it. Once you submit it, your application will be sent to a worker to determine if you qualify. You will not receive an answer today.

Head of Household Information

[Apply For Benefits](#)

1 Start

2 People

3 Liquid Assets

4 Other Assets

5 Job Income

6 Other Income

7 Housing Bills

8 Other Bills

9 Finish

10 Submit

Getting Started

Let's get started on the application! First, please give us some basic information about you, as the head of household. If you have two last names, enter both WITHOUT a space between them. Example: JohnsonSmith

Information About You

| | |
|--|--|
| *Legal First Name | Middle Name |
| <input type="text"/> | <input type="text"/> |
| * Legal Last Name | Jr, Sr, etc |
| <input type="text"/> | <input type="text"/> |
| Gender | Date of Birth Ex: mm/dd/yyyy |
| <input type="radio"/> Male <input type="radio"/> Female | <input type="text"/> |
| Preferred Spoken Language | Preferred Written Language |
| <input type="text" value=" < click here to choose >"/> | <input type="text" value=" < click here to choose >"/> |

Where You Live

Please tell us where you live. If you are homeless right now, please check the "I am homeless" box. If you are homeless but you have a mailing address, please check the "I am homeless" box and type your address in "Mailing Address". If you are homeless and do not have an address you must select the County you live in.

☐ I am homeless right now.

☐ I have no home address.

| | | | |
|----------------------|---------------------------------------|---------------------------|----------------------|
| Street # | <input type="checkbox"/> PO Box | * PO Box # or Street Name | Apt# |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| * City | * State | * Zip | |
| <input type="text"/> | <input type="text" value="Colorado"/> | <input type="text"/> | |

In what county do you live?

*Is your mailing address the same as your home address?

☐ Yes ☐ No

Mailing Address

If you don't want us to send any letters about your benefits to the address you've given above, please give us the mailing address where we should send your letters instead.

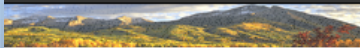
☐ I have no mailing address.

| | | |
|----------------------|-------------------------|----------------------|
| Street # | PO Box # or Street Name | Apt# |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |



COLORADO
PEAK
Colorado.gov/PEAK

Client Correspondence Options

[Apply For Benefits](#)

1 Start

2 People

3 Liquid Assets

4 Other Assets

5 Job Income

6 Other Income

7 Housing Bills

8 Other Bills

9 Finish

10 Submit

Contact Information and Correspondence Notification

Please tell us how we can get in touch with you. For the phone numbers, please be sure to include area codes. If you don't have one of the items we ask for, just leave it blank.

| | | |
|----------------------|----------------------|----------------------------|
| Primary Phone | Ext | Type |
| <input type="text"/> | <input type="text"/> | < click here to choose > ▼ |
| Secondary Phone | Ext | Type |
| <input type="text"/> | <input type="text"/> | < click here to choose > ▼ |
| Email Address | | |
| <input type="text"/> | | |

Please tell us how you want to receive correspondence. You can choose one or more methods. If you do not choose one of the methods, you will receive all correspondence notifications via US Mail. Keep in mind if you choose text message, you must provide a cell phone number.

☐ US Mail
☐ EMail
☐ Text Message

Please tell us if you want to receive Medical Assistance correspondence in 14 point font print size. This larger print size will be easier to read. If you do not make a selection, you will receive Medical Assistance correspondence in 12 point font print size.

Please send correspondence in:

☐ 12 point font print size
☐ 14 point font print size

[Back](#)[Next](#)

NEW

Program Selection

✓ Start

2 People

3 Liquid Assets

4 Other Assets

5 Job Income

6 Other Income

7 Housing Bills

8 Other Bills

9 Finish

10 Submit

Personal Information

*Legal First Name

Jared

*Legal Last Name

NotReal

*Date of Birth Ex: mm/dd/yyyy

01/01/1990

Preferred Written Language

< click here to choose >

Middle Name

Jr, Sr, etc

-

*Gender

☒ Male ☐ Female

Marital Status

< click here to choose >

Has this person ever used another name (such as maiden name, alias, etc)?

☐ Yes ☐ No

Program Selection


*Please check the box for each program this person would like to apply for. If you don't check a box, this person will not be applying for that program.

☒ **Medical Assistance** [Show Details](#)

If you want help paying medical bills from the last three months please check each month in which you have unpaid medical expenses.

☐ January ☒ February ☐ March

☐ None



COLORADO
PEAK
Colorado.gov/PEAK

Residency and Tax Filer Status

Residence Information

*Is this person a resident of Colorado?

☒ Yes ☐ No


Does this person plan to stay as a resident of Colorado?

☒ Yes ☐ No

Is this person a migrant worker?

☐ Yes ☒ No

Where does this person live?

< click here to choose > 

Tax Filer Information

*Does this person plan to file a Federal Income Tax Return?

☒ Yes ☐ No

*Does this person expect to be claimed as tax dependent on someone else's tax return?

☐ Yes ☒ No

Is this person living with both parents, but the parents do not expect to file a joint return?

☐ Yes ☒ No

Does this person expect to be claimed by a non-custodial parent?

☐ Yes ☒ No

Add Another Household Member

Do you want to add another person to your household? [\(Who you should add\)](#)

☒ Yes ☐ No


[Back](#)

[Next](#)



Household Relationship Detail

[Exit](#)[Print](#)[?](#)

[Apply For Benefits](#)
[✓ Start](#)
2 People
[3 Liquid Assets](#)
[4 Other Assets](#)

How You Are Related

Please tell us how the people in your home are related to each other.

* **Jared** is the Husband of **Rebecca**

Is Rebecca a tax dependent of Jared ?
☒ Yes ☐ No

[Back](#)[Next](#)

Non-MAGI Gateway Questions

Blindness or Disability

☐ Jared NotReal

☐ No one

*Please check the box for anyone who regularly needs help with some or all of their self-care activities (such as bathing, dressing, eating, using the bathroom).

Help with Self-Care

☐ Jared NotReal

☐ Rebecca NotReal

☐ No one

*Please check the box for anyone who is living in a nursing home, acute care, hospital, group home, mental health institution or long-term care facility for at least 30 days within the last 90 days.

Medical / Nursing Facility Information

☐ Jared NotReal

☐ No one

*Please check the box for anyone who needs to move to a nursing home, acute care, hospital, group home, mental health institution or long-term care facility within the next 30 days, or who needs in-home health care to stay in their home.

Future Medical / Nursing Facility Information

☐ Jared NotReal

☐ No one

*Please check the box for anyone who is getting Medicare Part A, Part B, or Part D or who is entitled to Part A, B or D. By entitled, we mean that you are able to get the benefit, even if you aren't actually getting it. To find out more about Medicare Part A, Part B and Part D, please click the "Help" button.

Medicare Part A, Part B, or Part D

☐ Jared NotReal

☐ No one

*Have you or anyone in your home who is applying for Medical Assistance applied for Supplemental Security Income (SSI) or other Social Security Benefits?

☐ Yes ☐ No

Dynamic Question Format

Job Income

*Is anyone in your home currently employed or were they employed in February?

☒ Yes ☐ No

Current or Recent Job

| Who | Employer | Hours | How Much | Action |
|---|----------------------------|-------|----------|--------|
| To add a current or recent job, choose the person and click the "Add" button. | | | | |
| Name: | < click here to choose > ▼ | | Add | |

*Is anyone in your home currently self-employed or was self-employed in February?

☐ Yes ☒ No

[Back](#)

[Next](#)

Application Status

Thank You!

Your application tracking number is **2003478021**. Be sure to write this number down or print this page for your records.

Your online application has been sent to **Boulder county**. If you have questions about the status of your online application, please contact Boulder county. To find the county address [click here](#). Please have your application tracking number available to get answers more quickly.

Before submitting another application, please contact Boulder county and provide your application tracking number.

[Click Here](#) for more information about how long it may take to get an answer.

Medical Assistance Results

Case Number : 1B7WD09

Medical Assistance Results

| Program | Status | Member | Begin Date |
|--------------------------------|----------|---------------|------------|
| Medicaid - No Premium Required | Approved | Rainbow Brite | 10/2013 |
| Medicaid - No Premium Required | Approved | Rainbow Brite | 11/2013 |

You will get more information about your application in the mail. If you also applied for Food Assistance, Colorado Works, or Adult Financial, your application was sent to Boulder county.

Request Medical Card

Thank You!

Your application tracking number is **104308**. Be sure to write this number down or print this page for your records.

Your online application has been sent to a **Medical Assistance Site**. If you have questions about the status of your online application, please contact the Medical Assistance Site. To find the Medical Assistance Site address [click here](#). Please have your application tracking number available to get answers more quickly.

Before submitting another application, please contact the Medical Assistance Site and provide your application tracking number.


[Click Here](#) for more information about how long it may take to get an answer.



Report My Changes

Add Medical Assistance for an Individual

PEAK Account Homepage



My Account

Account Overview

My Benefits

Report My Changes

Redetermination / Recertification

Payments

Express Lane Eligibility

Account Management

Contact Information

Mail Center


Account Overview

Case: 1B8BN76

| Account Information | |
|--------------------------|---------------------------------|
| NAME | CASE NUMBER |
| | County Contacts |
| HOME ADDRESS | MAILING ADDRESS |
| | |
| PRIMARY PHONE NUMBER | SPOKEN LANGUAGE |
| | |
| SECONDARY PHONE NUMBER | CORRESPONDENCE LANGUAGE |
| | |
| EMAIL ADDRESS | |
| | |
| <div>Report Change</div> | |

| Household | | | |
|--------------------------|-----|------------------------|-------------------|
| NAME | AGE | SOCIAL SECURITY NUMBER | RELATIONSHIP TO |
| Jerry NotRealClient | 25 | ***-**-1111 | Head of Household |
| Bobby ImaginaryPerson | 0 | ***-**-1113 | Head of Household |
| Lola ImaginaryPerson | 25 | ***-**-1112 | Head of Household |
| <div>Report Change</div> | | | |

Report My Changes Page



My Account

Account Overview

My Benefits

Report My Changes

Redetermination /
Recertification

Payments

Express Lane Eligibility

Account Management

Contact Information

Mail Center

Report Your Changes

To report changes to your current Food, Medical, or Cash Assistance benefits, click on the button below.

Report Your Changes


Keep in mind if you make a change to information in one case, it may affect eligibility in other cases.

Change Reports

Here is a summary of the change reports you have submitted. You can click on the 'click here' links to view more details about the change report.

| Change Reports | |
|--------------------|---|
| APPLICATION NUMBER | STATUS |
| 2000103527 | You submitted a PEAK Change Report on Tuesday 04/15/2014 2:53 PM. If you would like to view or print this change report, please click here . |
| 2000103621 | You submitted a PEAK Change Report on Wednesday 04/16/2014 12:06 PM. If you would like to view or print this change report, please click here . |
| 4000103747 | You submitted a PEAK Change Report on Thursday 04/17/2014 10:50 AM. If you would like to view or print this change report, please click here . |

Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below:



Add Medical Assistance

| |
|-------------------|
| Report My Changes |
| 1 Start |
| 2 People |
| 3 Liquid Assets |
| 4 Other Assets |
| 5 Job Income |
| 6 Other Income |
| 7 Housing Bills |
| 8 Other Expenses |

Welcome to Report My Changes!

As part of getting benefits, you may need to tell your application site worker if you have changes in your household, your income and/or your bills. This tool will help you report those changes.

For most changes, you'll need to mail, fax or bring proof to your local application site by the due date given to you by your application site worker. [Click here](#) to read more about the kinds of proof you may need to give to your application site worker.

Reporting Changes Through PEAK

Please check the boxes for all of the changes that you want to report.


No Changes

☐ There are no changes to report on your household

New Benefits

☐ Add Medical Assistance for an Individual

Add Medical Assistance



Report My Changes

✓ [Start](#)

2 People

3 Liquid Assets

4 Other Assets

5 Job Income

Changes in Your Home

Please tell us more about the changes in your home.

Please check the box (or boxes) to tell us who is requesting Medical Assistance.

Request Medical Assistance

☒ Jerry NotRealClient

☐ Lola ImaginaryPerson



Report My Changes

✓ [Start](#)

2 People

3 Liquid Assets

4 Other Assets

5 Job Income

6 Other Income

7 Housing Bills

8 Other Expenses

9 Other Information

10 Submit

Review Your Household Changes

Before you submit or move on to other changes, please take a look to make sure everything is correct.

- If you need to edit a change you have told us about, click on "Edit".
- If you need to add information for another individual, choose the person's name from the dropdown box in the right category. Then click the "Add" button.
- If you've changed your mind and don't want to report a change or new addition, click on the "X" button.

Once you've reviewed this summary, click the "Next" button at the bottom of the page.

Please check the box (or boxes) to tell us who is requesting Medical Assistance.

Request Medical Assistance

☒ Jerry NotRealClient

☐ Lola ImaginaryPerson

☐ Bobby ImaginaryPerson

[Back](#)

[Next](#)

Add Medical Assistance

**ONLY TWO
STEPS!**

Your Change Report has been sent to Boulder county.

Medical Assistance Results


Case Number : 1B8BN76

| Medical Assistance Results | | | |
|--------------------------------|----------|-----------------------|------------|
| Program | Status | Member | Begin Date |
| Medicaid – No Premium Required | Approved | Jerry NotRealClient | 04/2014 |
| Medicaid – No Premium Required | Approved | Lola ImaginaryPerson | 04/2014 |
| Medicaid – No Premium Required | Approved | Bobby ImaginaryPerson | 04/2014 |
| Medicaid – No Premium Required | Fail | Freddy FakePerson | 04/2014 |
| Medicaid – No Premium Required | Approved | Jerry NotRealClient | 05/2014 |
| Medicaid – No Premium Required | Approved | Lola ImaginaryPerson | 05/2014 |
| Medicaid – No Premium Required | Approved | Bobby ImaginaryPerson | 05/2014 |
| Medicaid – No Premium Required | Denied | Freddy FakePerson | 05/2014 |
| Medicaid – No Premium Required | Approved | Jerry NotRealClient | 06/2014 |
| Medicaid – No Premium Required | Approved | Lola ImaginaryPerson | 06/2014 |
| Medicaid – No Premium Required | Approved | Bobby ImaginaryPerson | 06/2014 |
| Medicaid – No Premium Required | Denied | Freddy FakePerson | 06/2014 |

Manage My Account Functions



Manage My Account



My Account

Account Overview

My Benefits

Report My Changes

Redetermination / Recertification

Payments

Express Lane Eligibility

Account Management

Contact Information

Mail Center

Account Overview

Case: 1B8BN76

Account Information

| NAME | CASE NUMBER |
|------------------------|---------------------------------|
| | County Contacts |
| HOME ADDRESS | MAILING ADDRESS |
| | |
| PRIMARY PHONE NUMBER | SPOKEN LANGUAGE |
| | |
| SECONDARY PHONE NUMBER | CORRESPONDENCE LANGUAGE |
| | |
| EMAIL ADDRESS | |
| | |

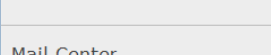
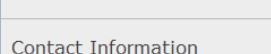
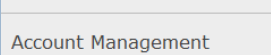
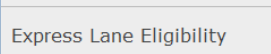
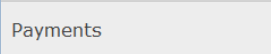
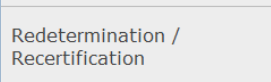
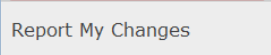
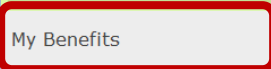
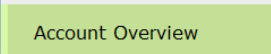
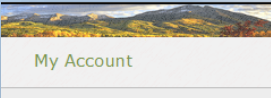
Report Change

Household

| NAME | AGE | SOCIAL SECURITY NUMBER | RELATIONSHIP TO |
|-----------------------|-----|------------------------|-------------------|
| Jerry NotRealClient | 25 | ***-**-1111 | Head of Household |
| Bobby ImaginaryPerson | 0 | ***-**-1113 | Head of Household |
| Lola ImaginaryPerson | 25 | ***-**-1112 | Head of Household |

Report Change

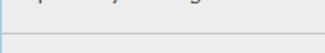
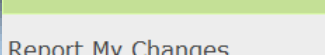

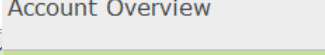
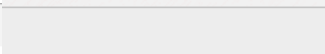

My Benefits



Account Overview

Case: 1B8BN76

| Account Information | |
|----------------------|---------------------------------|
| NAME | CASE NUMBER |
| | County Contacts |
| HOME ADDRESS | MAILING ADDRESS |
| | |
| PRIMARY PHONE NUMBER | SPOKEN LANGUAGE |
| | |



My Benefits

| Benefit Summary | | | |
|-----------------------|---------------------------------------|-----------------|-----------------|
| Who | Medical Assistance | Food Assistance | Cash Assistance |
| Jerry NotRealClient | Approved for Benefits | Under Review | |
| Bobby ImaginaryPerson | Approved for Benefits | Under Review | |
| Lola ImaginaryPerson | Approved for Benefits | Under Review | |

| Application Status | | | | |
|----------------------------|-----------------|------------------------|-------------------------|-------------------------------|
| Tracking # | Programs | Application Start Date | Application Submit Date | Status |
| 7000103778 | Food Assistance | 04/17/2014 | | Not Submitted |

Looking Ahead...

E-notices in PEAK

Enhanced Check My Benefits “Status Checker”

Level of Care Assessment Questions in PEAK

Request For Retroactive Medical Assistance

Redesigned PEAK Account Creation

WIC Screening in PEAK

PEAK Mobile Application



Training & Information



Instructional Guides & Recordings

- <http://tinyurl.com/PEAKcalendar>
- Colorado.gov/PEAK>Resources>Community Partners or Counties>Training



Monthly

- Support Calls
- Live Webinars



In-person Trainings

- Schedule a custom training

peakoutreach@bouldercounty.org



PEAK View

- Distributed monthly to all training attendees
- Provides PEAK updates and webinar information

Support & Assistance

PEAK website training or questions

- peakoutreach@bouldercounty.org

Application and General Benefit Information

- [Colorado.gov/health](https://colorado.gov/health) (>select FAQs)
[Colorado.gov/HCPF](https://colorado.gov/HCPF)

Submitted Medical Assistance application status

- 1-800-359-1991

General Medical Assistance benefits information

- 1-800-221-3943/ TDD 1-800-659-2656

Food or Cash application assistance

- 1-800-536-5298

Connect for Health Colorado

- [ConnectforHealthCO.com](https://connectforhealthco.com)
• 1-855-752-6749/ TDD 1-855-346-3432

PEAK technical issues such as an error message

- CBMS.Help@state.co.us

